MAXIMUS Federal Services

Case Number:	CM14-0082016		
Date Assigned:	07/18/2014	Date of Injury:	11/22/2013
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old female who sustained injuries to her neck, back, and right shoulder secondary to a fall on 11/22/13. The injured worker complained of neck pain and back pain that was sharp, moderate, consistent, and was exacerbated by movement, lessened by rest. Magnetic resonance imaging (MRI) of the cervical spine dated 02/17/14 revealed mild degenerative disc disease; no significant disc bulge and no disc herniation; cervical thoracic scoliosis and loss of normal cervical lordosis with straightening of the spine; no canal or neural foraminal stenosis; spinal cord was normal. Physical examination noted antalgic gait; taut and tender fibers on palpation, during past examinations, the injured worker reported that trigger point injections were very much helpful and she had them in both the upper and low back.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for six trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The retrospective request for six trigger point injections is not medically necessary. Previous request was denied on the basis that the clinical documentation submitted for review indicated taut muscles; however, no information was submitted indicating a twitch response. The CA MTUS states that there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There were no palpable trigger points, jump signs, or twitch responses noted on physical examination. Furthermore, the CA MTUS states that there should be no more than three to four injections per session. The request was for six trigger point injections. Given this, the retrospective request for six trigger point injections is not indicated as medically necessary.